



Building Department

Town Hall, 363 Underhill Avenue, Yorktown Heights, NY 10598
Tel. (914) 962-5722 ext.233 Fax (914) 962-1731

Application for a Special Use Permit
Accessory Dwelling

All items (1-24) must be completed

DATE: _____

1. Name of Applicant(s) _____

2. Address _____

3. Telephone Number (Home) _____ (Work) _____

4. Location of Property _____

5. Tax Designation Section _____, Block _____, Lot(s) _____

6. Lot Area _____

7. Owner of Title (if different from applicant) _____

8. Address of Owner _____

9. Applicant's Attorney (if applicable):

Name _____

Address _____

Telephone Number _____

10. Portion of Dwelling occupied by owner:

Location _____

of Rooms _____ # of Bedrooms _____

Square Feet _____

11. Portion of Dwelling occupied by tenant:

Location _____

of Rooms _____ # of Bedrooms _____

Square Feet _____

12. Total Square Feet of Dwelling _____ Total # of Bedrooms _____

13. The accessory dwelling unit will be occupied by owner Tenant (check one)

14. Original application or renewal (check one)

Expiration of previous grant if a renewal _____

15. Have conditions changed since previous grant? Yes No (check one)

If yes, please specify _____

16. Number of Vehicles in use for entire residence _____

17. Number of Off Street spaces provided _____

18. Is the accessory dwelling unit existing? or proposed? (check one)

19. Date owner received title to the property _____

20. Date owner actually occupied the residence _____

21. Has owner continuously occupied the residence since date of initial occupancy?

Yes No (check one)

If no, please explain _____

22. Has the house been enlarged by construction of an addition? Yes No (check one)

If yes, on what date was addition completed? _____

23. Does owner have any boarders living in the premises? Yes No (check one)

24. As applicant, I hereby acknowledge that:

- A. The request is for a permit for a period of up to three years.
- B. The permit must be renewed at the end of such time.
- C. The property will be maintained in a neat and orderly manner.
- D. The peace and tranquility of the neighborhood will be insured.
- E. If conditions change or the property is sold, this permit shall be null and void.
- F. The permit is not transferable.
- G. If the application is approved, the applicant agrees to comply with all the requirements of Section 300-38 of the Zoning Ordinance of the Town of Yorktown, and the New York State Fire Prevention and Building Code.
- H. If I do not continue to comply with the requirements of the permit, it may be revoked.

Signature of Applicant

Date

Signature of Owner (If not applicant)

Date

NOTICE: Smoke detectors and Carbon monoxide detectors are now required in all homes. The detectors may be battery operated (in existing dwellings and apartments only) or direct-wired, and must be located as follows:

- **SMOKE DETECTORS:** 1 in every bedroom, 1 outside the bedrooms, and 1 on every floor level. This includes the accessory dwelling and the main dwelling.
- **CARBON MONOXIDE DETECTORS:** On the lowest floor level containing a bedroom in each dwelling unit (accessory and main dwelling).
- Please have the smoke detectors and carbon monoxide detectors installed and operational at the time of your accessory dwelling inspection.

Office use only

DATE: _____

FEE PAID: _____

Comments: _____
